ID024891

SRC
Scientific & Regulatory
Consultants, Inc.

January 30, 2013

Document Processing Desk 6(a)(2)
Office of Pesticide Programs – 7504P
U.S. Environmental Protection Agency
Ariel Ross Building
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460

RE: Section 6(a)(2) December Incident Filing

Dear 6(a)(2) Administrator:

On behalf of Reckitt Benckiser, Scientific & Regulatory Consultants, Inc. (SRC) is submitting the enclosed documents containing alleged adverse effect incidents for products listed below. SafetyCall is the primary gathering source for incidents, though internal reports for infrequent calls/correspondence received directly at Reckitt Benckiser are also included. SRC is acting on Reckitt Benckiser's behalf by assisting them in registration actions and their reporting requirements under the 6(a)(2) rule.

EPA Reg. No 777-99 was involved in an alleged adverse event (Incident C241185620) in October 2012. Available information was vague and did not state a reaction to the product; therefore, it was not reported. Information obtained December 3, 2012 provided additional information and is deemed reportable. Please find the incident report attached.

The EPA Registration Numbers with adverse effect incidents for this report are:

- 777-99
- 777-91
- 777-118
- 777-72
- 777-81
- 777-89
- 3282-66
- 777-102

These incidents are being reported in compliance with 40 CFR § 159.184 and have been assigned the H-C severity classification. If additional information is needed, please feel free to contact us by e-mail (bmacdonald@srcconsultants.com or akline@srcconsultants.com) or by phone at 260-244-6270.

Sincerely,

Bob MacDonald
Consultant (SRC)
Agent for Reckitt Benckiser

Ann M. Kline
Consultant (SRC)
Agent for Reckitt Benckiser

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Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***1090908***
	Address [redacted] ***South Lake Tahoe, CA 96151*** ***USA***		Address	
	Phone # [redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***South Lake Tahoe, CA*** ***USA*** ***09/04/2012***	Date registrant became aware of incident. ***12/18/2012***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***3282-66***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Brodifacoum, Brodifacoum***	A.I. (s)	A.I. (s)
	Product 1 name ***dCON Bait Pellets (non specific)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Public area***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

REVIEWED FOR 6(a)2
DATE: 1·28·13 INITIALS: AK

Brief description of incident circumstances.

Ferguson, Anna Dec 18 2012 5:16PM
C240321210

Hx: Caller states that on 9/4/12, he had was purchasing a product container from a store, not realizing that the container was leaking onto his hands. He touched his face, and developed skin/eye irritation. Vision became blurry. May have had irritation on hands as well (if so, this was brief). He was taken to have his skin/eyes rinsed by security at the store. They filled out an accident report on-scene. Eye pain persisted, and he had red marks on his face. Facial redness improved. He applied Visine to his eyes with no relief. He was seen by MD on 9/17/12. MD prescribed cool compression, artificial tears, and eye drops. Sx improved somewhat (caller mentioned that he used these treatments 'way more than (he) was supposed to).' Caller had f/u appointment with ophthalmologist 2 wks later, and prescriptions were renewed. The discomfort eventually resolved, but his vision remains altered and he has a 'glaze' over his eyes. He has been told that he needs a new glasses prescription and has been referred for further eye care, but he cannot afford this.

Caller has the product in his shed, but declines to fetch it to retrieve specific information. He has been trying to contact the company regarding this, but he feels as though his concerns have been dismissed.

CALLER IS DEMANDING COVERAGE OF HIS MEDICAL BILLS, OR HE WILL PURSUE LEGAL ACTION.

A: This information will be documented. Have your doctor call with questions.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td>Demographic information:
Age: 47 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal
Ocular</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
Sporadic onset of multiple symptoms</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
Private MD/DVM-treated & released</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Dermal irritation/Pain
Dermatological-Erythema/Flushed
Ocular-Blurred vision
Ocular-Ocular irritation/pain</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID#
1090968</td></tr>
</table>